

Quality management of health services

(Zarządzanie jakością usług zdrowotnych)

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Abstract – Introduction. Quality management is the systematic action of all employees of a given unit, the aim of which is to improve the quality of patient care. Quality management is not control, as it involves quality planning, improvement, quality measurement and evaluation of the entire organisation.

The aim of the study. The aim of the work was to present selected issues of health service quality management.

Selection of material. The search was conducted in the Scopus database for the period 1999-2020 in the field of Polish bibliography, using the terms *management, quality of medical services*. From the literature found in the Google Scholar database, studies were selected which, in the opinion of the authors, would be most useful in the preparation of this study.

Conclusions. Nowadays, quality management is associated with standards defined by ISO standards. ISO is the International Organization for Standardization, which deals with defining standards for products, services and management systems. ISO standards are documents developed by experts in a given field. They contain information and practical guidelines on many aspects of activity. An ISO standard is a management tool for improving a specific area or organisation. ISO is one of the best known systems of quality certificates issued by the International Organisation for Standardisation.

Key words - management, quality of health care.

Streszczenie – Wstęp. Zarządzanie jakością polega na systematycznym działaniu wszystkich pracowników danej jednostki, którego celem jest poprawa jakości opieki nad pacjentem. Zarządzanie jakością nie jest kontrolą, gdyż obejmuje planowanie jakości, doskonalenie, pomiar jakości oraz ocenę całej organizacji.

Cel pracy. Celem pracy było przedstawienie wybranych zagadnień z zarządzania jakością usług zdrowotnych.

Dobór materiału. Poszukiwania przeprowadzono w bazie Scopus za okres 1999-2020 w zakresie bibliografii polskiej, używając pojęć *zarządzanie, jakość usług medycznych*. Ze znalezionej w bazie Google Scholar piśmiennictwa wyselekcjonowano opracowania, które zdaniem autorów byłyby najbardziej użyteczne w przygotowaniu niniejszego opracowania.

Wnioski. W dzisiejszych czasach zarządzanie jakością kojarzone jest ze standardami określonymi przez normy ISO. ISO to Inter-

national Organization for Standardization, która zajmuje się określaniem standardów dla produktów, usług i systemów zarządzania. Normy ISO są dokumentami opracowanymi przez ekspertów z danej dziedziny. Zawierają informację i praktyczne wskazówki odnośnie wielu aspektów działalności. Norma ISO to narzędzie zarządzania służące doskonaleniu określonego obszaru lub organizacji. ISO jest jednym z najbardziej znanych systemów świadectw jakości, wydawanych przez International Organisation for Standardization.

Słowa kluczowe – zarządzanie, jakość opieki zdrowotnej.

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- A. The idea and the planning of the study
- B. Gathering and listing data
- C. The data analysis and interpretation
- D. Writing the article
- E. Critical review of the article
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I. INTRODUCTION

Total quality management (TQM) is the introduction of quality requirements into all management functions such as planning, organising and controlling. TQM is a method of management that aims at the continuous cooperation of members of an organisation in order to meet customer expectations and to improve quality [1]. The concept of TQM was implemented in practice in the eighties of the 20th century and there is no clear translation in Polish literature. It is translated as total quality management, comprehensive quality management [2].

Quality management is the systematic action of all employees of a given unit, the aim of which is to improve the quality of patient care. Quality management is not control, as it involves quality planning, improvement, quality measurement and evaluation of the entire organisation. Classics of the quality management concept include E.W. Deming, P.B. Crosby, I.M. Juran. [3-6]

According to E.W. Deming, quality assurance depends on management and employees, as management is responsible for the creation and development of the quality system and employees of it [4-6].

P.B. Crosby largely agreed with his predecessors but formulated his own quality assurance programme in 14 steps called 'zero defects', which is used in various organisations [7].

The common elements of the concept of the above mentioned authors is the belief that [3-7]:

- It is the management of the facility that is responsible for quality,
- Quality is the work of all employees,
- Poor quality can be prevented,
- Quality can be achieved through continuous improvement.

Quality management is the function of the management, which aims to create a quality system and other improvement programmes.

The task of management is to ensure [8]:

- the appropriate organisational structure,
- the liability system,
- the implementation of processes,
- material and financial measures to implement and supervise the quality assurance system.

The quality assurance system should take into account: the needs and expectations of the customer and the needs

and interests of the organisation [9]. The basis of quality management is the belief that each time its work can be done without any mistakes.

For the detection of errors in the sphere of quality, quality measurement is used, while errors reducing the level of quality of medical services should be included [10,11]:

- Inadequate Benefits
- When The Patient Does Not Receive Sufficient Services,
- Inadequate Benefits
- Those That Are Not Adapted To His Real Needs And Health,
- Redundant Benefits
- When The Recipient Receives A Benefit That Goes Beyond Actual Demand.

The characteristic features of quality management are [6,12]:

- Customer Orientation,
- Systemic And Structured Action On Quality,
- The Involvement Of Management And Employees,
- To Promote A Pro-Quality Culture And Philosophy,
- Documenting Activities That Are Related To Quality.

II. QUALITY MANAGEMENT SYSTEMS

A quality management system is the way an organisation manages and controls business activities related to the quality of the product or service offered [50]. The first organisation in Europe to address quality was King Edward's Hospital Fund for London. In the first half of the 20th century, he inspected hospitals and encouraged more rational provision of health services in London [13]. External quality management systems are being implemented in health care facilities to ensure quality.

According to M. Lisiecka-Belanowicz, the mechanisms ensuring the quality of services in the health care system include [14]:

1. Accreditation according to the programme of the Accreditation Board at the Quality Monitoring Centre in Krakow.
2. Certification according to the International Standard for Organisation (ISO) 9000 series.
3. Total Quality Management (TQM) programme.

In the practice of quality management, internal and external methods of quality assurance are used, such as: research into the satisfaction of patients, i.e. the level of their satisfaction with the service provided.

External methods include [15]:

- Licenses - requirements for health services, e.g. Sanitary regulations,
- Recommendations, that is to say, guidelines and recommendations which concern the functioning of the institutions,
- Certificates - obtained by entities meeting certain standards,
- Accreditation - granted by the national accreditation council to institutions that voluntarily submit to review.

The beginnings of hospital accreditation activities date back to the second half of the 20th century, when the Joint Commission on Accreditation of Healthcare Organisations was established in the United States. In the late 1990s, ISO standards were introduced to health care institutions as a method of quality assurance [54]. Accreditation as a method of quality assessment was adopted in Polish law together with the amendment of the Healthcare Institutions Act of 1997. [16]. In Poland, the first and so far the only organisation is the Quality Monitoring Centre (CMJ) in Health Care, based in Krakow, Poland, established by the Ordinance of the Minister of Health and Social Welfare of March 31, 1994. The Quality Monitoring Centre created the basis for the development and later promotion of uniform treatment standards throughout the country [17,18].

The quality management system is [17]:

- Organisational Structure,
- Responsibilities, Procedures,
- Processes.

The implementation of quality management systems according to the Quality Monitoring Centre and ISO standards affects [18,19]:

1. Improving the quality of patient care.
2. Increasing competitive advantage in the medical services market.
3. Improving communication, motivation and awareness among employees.
4. Prevention of infections, errors in art.
5. To increase the confidence of financial institutions in quality certified plants.

Quality management systems aim to ensure that quality is stable and not high [20]. The duty of the system is to meet the expectations of society in terms of the conditions under which medical services are provided. Also important are issues such as the technical condition of hospitals, surgeries, treatment rooms or the availability of often necessary social assistance [21].

III. ACCREDITATION, DEFINITION AND PURPOSE

The accreditation system is called the process of external evaluation of medical care organisations. It is a voluntary, external and direct evaluation aimed at ensuring a good level of service and identifying high quality facilities. Since 1919, the development of institutions working to improve quality in healthcare has begun. As early as 1951, the Joint Commission on Accreditation of Hospitals was established in the United States, which was then transformed into the Joint Commission on Accreditation of Healthcare Organisations.

The aim of the organisation was to prepare quality standards, quality indicators, guidelines for dealing with specific clinical problems, data collection and processing and accreditation of health care institutions [16].

The accreditation system was developed in the USA at the beginning of the 20th century, while the accreditation activity is carried out by the Joint Commission on Accreditation of Healthcare Organizations.

In Poland, accreditation is granted by the Minister of Health on the basis of the recommendation of the Accreditation Board. The basis for the assessment of medical facilities: hospital, outpatient clinic or long-term care facilities are accreditation standards. They allow the organisation to prepare for the visit and adapt its activities to the requirements. Obtaining accreditation is a requirement of the present day, so also in Poland, the efforts of institutions to obtain the status of an accredited unit are becoming increasingly common and very popular [22].

Accreditation was adopted in Polish law together with the amendment of the Healthcare Institutions Act 1997. [23]. The principles and procedure of accreditation are specified in the Act of 6 November 2008 on accreditation in health care [24]. The definition of accreditation contained in the Act of 6 November 2008 on accreditation in health care states that accreditation is to confirm that the entity providing medical services meets accreditation standards. Accreditation concerns the whole entity, therefore it is not possible to accredit individual wards in a hospital. Having an accreditation of a medical care unit is a guarantee of high quality of services, which in turn results in insurance companies signing contracts with them more often.

For the purposes of the introduction of an accreditation scheme, this should include [1]:

- Stimulating the improvement of the quality of care,
- Popularisation of good organisational patterns,

- Promoting the best medical care facilities,
- Educating staff,
- Increasing the motivation of medical personnel to improve the quality of services provided,
- Reducing costs and improving efficiency, - facilitating good contracts with payers.

Granting or refusing accreditation is a decision of the Accreditation Board. A healthcare facility may voluntarily apply to the accreditation centre, and then the facility is visited by a team consisting of several experts.

A characteristic feature of accreditation is the fact that the assessment is carried out by persons currently working in hospitals or having experience in such work.

The conclusions of the analysis shall be sent to the Accreditation Board, which shall decide within 2 months on the accreditation.

The Accreditation Board may take a decision such as [22]:

- Granting accreditation,
- Granting conditional accreditation,
- Refusal of accreditation.

Accreditation for a period of 3 years shall be granted by the Accreditation Board when the establishment in question fully or predominantly complies with the standards. Conditional accreditation is granted for a period of 1 year. It is granted when a hospital does not meet certain standards, but there is a chance to repair them within 6 months. The accreditation board of such bodies shall set a deadline to remedy the shortcomings. A reassessment then allows a decision to be taken on whether to grant or refuse.

If, however:

- There is significant non-compliance with the standards,
- Falsification of documentation by the hospital was found,
- The medical establishment has not shown any improvement after the period of conditional accreditation, the accreditation board decides to refuse accreditation.

Obtaining an accreditation certificate by a healthcare institution increases the prestige of the institution, is a guarantee of high quality of services, which positively influences and increases the competitiveness of such an entity on the health services market [1].

IV. ISO STANDARD, DEFINITION AND PURPOSE

Nowadays, quality management is associated with standards defined by ISO standards. ISO is the International Organization for Standardization, which deals with defining standards for products, services and management systems. ISO standards are documents developed by experts in a given field. They contain information and practical guidelines on many aspects of activity [25]. An ISO standard is a management tool for improving a specific area or organisation [26]. ISO is one of the best known systems of quality certificates issued by the International Organisation for Standardisation based in Geneva. Formally, as an ISO organisation, it started operating on 23 February 1947. ISO is an organisation that brings together national organisations dealing with quality standardization and standardisation. At the end of 2010, there were 107 national organisations in ISO, 45 correspondent member organisations and 11 members informed about the activities, but not participating in the work [10]. In 1987, the International Organisation for Standardisation published the ISO 9000 series of standards, which establish the terminology of quality management, describe quality assurance systems and guidelines for quality management [27]. The basic ISO standards are [25,26,28]:

- ISO 8402: Quality management and quality assurance,
- ISO 9000-I: Quality management and quality assurance - guidelines for selection and application,
- ISO 9001: Quality systems - a model of quality assurance in design, production, service, which covers the product manufacturing cycle,
- ISO 9003: Quality systems - model for quality assurance in final inspections and testing,
- ISO 9004: Quality management and quality assurance system elements - guidelines.

The ISO mark is an excellent marketing tool that promotes the company's promotion on the market and increases customer confidence [25,26]. The ISO 9000:2000 standard defines a quality management system as follows: "a set of interlinked or interacting elements for establishing policy and objectives and for achieving these objectives, used to guide and supervise the organisation with regard to quality". [68].

The aim of the ISO standard is to create quality standards in many areas of social life, such as scientific, technical or economic. The requirements set out in ISO standards do not refer directly to the service but tell what to do to create a proper quality system [69]. The quality assur-

ance procedures should clearly and comprehensibly define how to deal with specific situations.

The key element of the management system according to ISO standards is the documentation consisting of 3 sets of documents [25,26]:

- The quality book, - the procedures,
- Instructions and quality plans at operational level.

ISO standards are being revised to ensure that the requirements for organisations are kept up to date and to adapt them to the actual needs of companies. The implementation of the ISO certificate brings many benefits to medical institutions as well as to other companies, of which the most frequently mentioned advantage is the improvement of the company image. The ISO certificate confirms the high quality of products and services offered by a given therapeutic entity. Patients give the facilities with the ISO certificate more confidence, seeing them as more reliable and professional. The society, when finding out that a given facility has obtained the ISO certificate, is aware that someone has previously checked the quality of medical services offered by this clinic or hospital. Implementation of the ISO certificate often requires a lot of training for the management and employees, while performing duties in accordance with specific norms and standards makes the employees more involved in their work. This will certainly have a positive impact on the development of the facility [25,26,29].

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